

COMBINED DECLARATION FOR PATENT
APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

19603/2595

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR REGULATING ANGIOGENESIS AND VASCULAR INTEGRITY
USING TRK RECEPTOR LIGANDS**

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____ (if applicable).

☒ was filed as PCT International Application No. **PCT/US99/25365** on **28 October 1999** and assigned U.S. Serial No. **09/830,520**.

I hereby state that I have reviewed and understand the contents of the above-identified specifications, including the claims, as amended by any amendment referred to above.

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COUNTRY (IF PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 35 USC 119
U.S.A.	60/119,994	12 February 1999	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
U.S.A.	60/105,928	28 October 1998	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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Clinton Square, P.O. Box 31051
Rochester, New York 14603

Direct Telephone Calls to:
(name and telephone number)
Michael L. Goldman
(716) 263-1304

201	FULL NAME OF INVENTOR	FAMILY NAME <u>HEMPSTEAD</u>	FIRST GIVEN NAME <u>Barbara</u>	SECOND GIVEN NAME <u>L.</u>
	RESIDENCE & CITIZENSHIP	CITY <u>New York</u>	STATE/FOREIGN COUNTRY <u>New York</u> <u>NY</u>	COUNTRY OF CITIZENSHIP <u>U.S.A.</u>
	POST OFFICE ADDRESS	P.O. ADDRESS <u>525 E. 86 Street, #9C</u>	CITY <u>New York</u>	STATE & ZIP CODE/CTRY <u>New York 10028 U.S.A.</u>
202	FULL NAME OF INVENTOR	FAMILY NAME <u>KRAEMER</u>	FIRST GIVEN NAME <u>Rosemary</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Brooklyn</u>	STATE/FOREIGN COUNTRY <u>New York</u> <u>NY</u>	COUNTRY OF CITIZENSHIP <u>U.S.A.</u>
	POST OFFICE ADDRESS	P.O. ADDRESS <u>1661 Ryder Street</u>	CITY <u>Brooklyn</u>	STATE & ZIP CODE/CTRY <u>New York 11234 U.S.A.</u>
203	FULL NAME OF INVENTOR	FAMILY NAME <u>RAFIU</u>	FIRST GIVEN NAME <u>Shahin</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>Great Neck</u>	STATE/FOREIGN COUNTRY <u>New York</u> <u>NY</u>	COUNTRY OF CITIZENSHIP <u>U.S.A.</u>
	POST OFFICE ADDRESS	P.O. ADDRESS <u>24 Clover Drive</u>	CITY <u>Great Neck</u>	STATE & ZIP CODE/CTRY <u>New York 11021 U.S.A.</u>
204	FULL NAME OF INVENTOR	FAMILY NAME <u>WIEGN</u>	FIRST GIVEN NAME <u>Phi</u>	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY <u>New York</u>	STATE/FOREIGN COUNTRY <u>New York</u> <u>NY</u>	COUNTRY OF CITIZENSHIP <u>U.S.A.</u>
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205	FULL NAME OF INVENTOR	FAMILY NAME <u>DONOVAN</u>	FIRST GIVEN NAME <u>Michael</u>	SECOND GIVEN NAME <u>J.</u>
	RESIDENCE & CITIZENSHIP	CITY <u>Brookline</u>	STATE/FOREIGN COUNTRY <u>Massachusetts</u> <u>MA.</u>	COUNTRY OF CITIZENSHIP <u>U.S.A.</u>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statement may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201 <i>Barbara Hengst</i>	SIGNATURE OF INVENTOR 202 <i>Rosemary Kraemer</i>	SIGNATURE OF INVENTOR 203 <i>[Signature]</i>
DATE <i>6/18/01</i>	DATE <i>6/18/01</i>	DATE <i>6.18.2001</i>
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

Page 3 of 3

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the specification of which (check only one item below):

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☐ was filed as U.S. Patent Application Serial No. _____ on _____ and was amended on _____ (if applicable).

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(716) 263-1304**

201	FULL NAME OF INVENTOR	FAMILY NAME HEMPSTEAD	FIRST GIVEN NAME Barbara	SECOND GIVEN NAME L.
	RESIDENCE & CITIZENSHIP	CITY New York	STATE/FOREIGN COUNTRY New York	COUNTRY OF CITIZENSHIP U.S.A.
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DATE	DATE	DATE
SIGNATURE OF INVENTOR 204	SIGNATURE OF INVENTOR 205 <i>Michael J. Jones</i> 8/28/07	SIGNATURE OF INVENTOR 206
DATE	DATE	DATE

Page 3 of 3

09830520-072004

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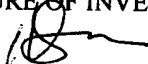
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DATE 6/19/01	DATE	DATE

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